

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/						51			
2		1					52			
3		1					53			
4		1					54			
5		1					55			
6		5					56			
7		1					57			
8		1					58			
9		1					59			
10		2					60			
11		8					61			
12		8					62			
13							63			
14		1					64			
15		1					65			
16		1					66			
17		8					67			
18		8					68			
19							69			
20							70			
21							71			
22	1						72			
23	1						73			
24	1						74			
25	1						75			
26	1						76			
27	1						77			
28	1						78			
29	3						79			
30	4						80			
31	1						81			
32	8						82			
33	8						83			
34	8						84			
35	1						85			
36	1						86			
37	1						87			
38	2						88			
39	2						89			
40	3						90			
41	3						91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	1						TOTAL IND.			
TOTAL DEP.	47	↔	↔	↔			TOTAL DEP.	↔	↔	↔
TOTAL CLAIMS	54						TOTAL CLAIMS			